NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: *09617450*

Total Fee Calculation

	Fee Code	Total # Claims	Number Form	X	Fee Sm. Entity	Fee Lg. Entity ✓	Total
		Sm/Lg					
Basic Filing Fee	201/101				___	___	690.00
Total Claims >20	203/103	12	-20 = ___	X	___	___	___
Independent Claims >3	202/102	2	-3 = ___	X	___	___	___
Multi Dep Claim Present	204/104				___	___	
Surcharge	205/105				___	___	130.00
English Translation	139						
							820.00

TOTAL FEE CALCULATION

Fees due upon filing the application

Total Filing Fees Due = $ *820.00*

Less Filing Fees Submitted $ *1*

BALANCE DUE   = $ *820.00*

B. Alexander

Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)
BASIC FEE		
TOTAL CLAIMS	12 minus 20=	*
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, ehter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
	345.00	OR		690.00
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	690

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.